

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

John Campbell For Congress

ADDRESS (number and street)
▼

4590 Macarthur Boulevard

☐Check if different
than previously
reported. (ACC)

Suite 500

Newport Beach

CA

92660

2028

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412312

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

48

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

04

2008

in the
State of

CA

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

10

23

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

John Campbell For Congress

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 8

To:

M M
1 0D D
1 5Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	9050.00	949229.40
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	7050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9050.00	942179.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	100778.61	534991.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	862.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100778.61	534129.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	289338.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20881.49	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
John Campbell For Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1000.00

618990.00

(ii) Unitemized.....

50.00

6749.47

(iii) TOTAL of contributions
from individuals..... ▶

1050.00

625739.47

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

8000.00

322319.93

(d) The Candidate.....

0.00

1170.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

9050.00

949229.40

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

862.58

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

1990.90

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

9050.00

952082.88

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100778.61	534991.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	7050.00
21. OTHER DISBURSEMENTS.....	0.00	75385.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	100778.61	717426.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	381067.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9050.00
25. SUBTOTAL (add Line 23 and Line 24).....	390117.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100778.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	289338.92

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Joseph O'Bymachow

Mailing Address 6622 Blue Heron Drive

City

Huntington Beach

State

CA

Zip Code

92648-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Etelcare Global Solutions

Occupation

Regional Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C9372

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Citigroup, Inc. PAC

Mailing Address 1101 Pennsylvania Avenue NW
Suite 1000

City State Zip Code
Washington DC 20004-2524

FEC ID number of contributing
federal political committee. **C** C00008474

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: A-C9365

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Anheuser-Busch PAC

Mailing Address 1401 I Street NW
Suite 200

City State Zip Code
Washington DC 20005-6549

FEC ID number of contributing
federal political committee. **C** C00034488

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C9368

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

ConocoPhillips Spirit PAC

Mailing Address 1010A Place Office Building

City State Zip Code
Bartlesville OK 74004

FEC ID number of contributing
federal political committee. **C** C00112896

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C9369

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.Full Name (Last, First, Middle Initial)
NFIB California Safe TrustMailing Address 1201 F Street NW
Suite 200City State Zip Code
Washington DC 20004-1221FEC ID number of contributing
federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C9370

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
PricewaterhouseCoopers PACMailing Address 1301 K Street NW
Suite 800WCity State Zip Code
Washington DC 20005-3317FEC ID number of contributing
federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: A-C9371

Amount of Each Receipt this Period

3500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Wells Fargo Card Services

Mailing Address PO Box 54349

City Los Angeles State CA Zip Code 90054-0349

Purpose of Disbursement
Credit Card Payment: See Memo
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: B-E-9357
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
The Monaco Group, Inc.

Mailing Address 14352 Franklin Avenue
Suite B

City Tustin State CA Zip Code 92780-7073

Purpose of Disbursement
Postage
Candidate Name

006
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: B-E-9345
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

14710.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemized
as memo transactions.

C.

Full Name (Last, First, Middle Initial)
USPO - Irvine

Mailing Address 4255 Campus Drive
Suite A100

City Irvine State CA Zip Code 92616-9001

Purpose of Disbursement
Postage
Candidate Name

006
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: B-S-467
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

14710.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of The Monaco Group, Inc. (10/03/08)

SUBTOTAL of Disbursements This Page (optional)

14735.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A. Full Name (Last, First, Middle Initial)
Arnold Steinberg and Associates, Inc.

Mailing Address 335 Stunt Road

City Calabasas State CA Zip Code 91302-2387

Purpose of Disbursement
Polling

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-9346

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

12600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Political Data Inc.

Mailing Address PO Box 1706

City Burbank State CA Zip Code 91507-1706

Purpose of Disbursement
Data for mailing

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-9358

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

853.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Capital Strategies DC

Mailing Address PO Box 1605

City Alexandria State VA Zip Code 22313-1605

Purpose of Disbursement
Fundraising: See Memos

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-9347

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

610.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold item-
ized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

14064.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 3536 Ruffin Road Floor 3</p> <p>City San Diego State CA Zip Code 92123-2502</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-9350</p> <p>Date of Disbursement <div> <div>10</div> <div>08</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>375.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cox Media</p> <p>Mailing Address 29947 Avenida De Las Bandera</p> <p>City Rancho Santa Marga State CA Zip Code 92688-2113</p> <p>Purpose of Disbursement Cable Television Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-S-473</p> <p>Date of Disbursement <div> <div>10</div> <div>08</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>48411.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Gilliard, Blanning & Associates(-10/08/08)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gilliard, Blanning & Associates</p> <p>Mailing Address 921 11th Street Suite 400</p> <p>City Sacramento State CA Zip Code 95814-2882</p> <p>Purpose of Disbursement Cable Television Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-9354</p> <p>Date of Disbursement <div> <div>10</div> <div>08</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>67613.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

SUBTOTAL of Disbursements This Page (optional)

67988.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.**Full Name (Last, First, Middle Initial)
Laguna Woods CommunicationsMailing Address 24351 El Toro Road
Floor 3

City Laguna Woods State CA Zip Code 92637-2738

Purpose of Disbursement
Cable Television Advertising

Candidate Name

004
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-471

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount of Each Disbursement this Period

1980.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Gilliar-
d, Blanning & Associates(-
10/08/08)**B.**Full Name (Last, First, Middle Initial)
Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City Irvine State CA Zip Code 92616

Purpose of Disbursement
Misc. Fundraising Expenses

Candidate Name

003
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-469

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount of Each Disbursement this Period

305.42

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Capital
Strategies DC(10/08/08)**C.**Full Name (Last, First, Middle Initial)
Splendid Fare

Mailing Address 1310 Braddock Place

City Alexandria State VA Zip Code 22314-1691

Purpose of Disbursement
Fundraiser Lunch

Candidate Name

003
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount of Each Disbursement this Period

305.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Capital
Strategies DC(10/08/08)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) The KAL Group Mailing Address 976 Pacific Avenue	Transaction ID: B-E-9351 Date of Disbursement <div> <div>10</div> <div>08</div> <div>2008</div> </div>
City Willows State CA Zip Code 95988-9788 Purpose of Disbursement Bookkeeping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>487.46</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Time Warner Mailing Address 1 Time Warner Center City New York State NY Zip Code 10019-6038 Purpose of Disbursement Cable Television Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-472 Date of Disbursement <div> <div>10</div> <div>08</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>17222.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Gilliard, Blanning & Associates(-10/08/08)
C. Full Name (Last, First, Middle Initial) Aristotle Publishing Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit Card Discount Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9367 Date of Disbursement <div> <div>10</div> <div>09</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>7.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

494.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Employee Christmas Fund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9361

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 1140 PO Box

City Memphis State TN Zip Code 38194-0001

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-470

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

45.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Wells
Fargo Card Services(10/10-
/08)

C.

Full Name (Last, First, Middle Initial)
Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City Irvine State CA Zip Code 92616

Purpose of Disbursement
Misc. Expenses Under Threshold

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-478

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Wells
Fargo(10/10/08)

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial)
Newport Harbor Republican Women

Mailing Address PO Box 5561

City Newport Beach State CA Zip Code 92662-5561

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9359

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Transfirst, LLC

Mailing Address 3 San Joaquin Plaza
Suite 100

City Newport Beach State CA Zip Code 92660-5944

Purpose of Disbursement
Credit Card Discount Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9382

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

53.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Virgin America

Mailing Address 555 Airport Boulevard

City Burlingame State CA Zip Code 94010-2000

Purpose of Disbursement
Air Travel for Campaign

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-480

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

249.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Rosemary
Muller(10/10/08)

SUBTOTAL of Disbursements This Page (optional)

553.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Virgin America Mailing Address 555 Airport Boulevard	Transaction ID: B-S-481 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div>
City Burlingame State CA Zip Code 94010-2000 Purpose of Disbursement Air Travel for Campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>249.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Danicka Dawson(10/10/08)
B. Full Name (Last, First, Middle Initial) Virgin America Mailing Address 555 Airport Boulevard City Burlingame State CA Zip Code 94010-2000 Purpose of Disbursement Air Travel for Campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-482 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>249.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Brent Hall(10/10/08)
C. Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 2485 Notre Dame Boulevard City Chico State CA Zip Code 95928-7161 Purpose of Disbursement Staff Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9349 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2121.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

2121.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349	Transaction ID: B-E-9356 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Payment: See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>20.73</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B. Full Name (Last, First, Middle Initial) Danicka Dawson Mailing Address 821 Capitol Square Place SW City Washington State DC Zip Code 20024-2443 Purpose of Disbursement Reimbursement: See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9363 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>249.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C. Full Name (Last, First, Middle Initial) Brent Hall Mailing Address 211 10th Street NE City Washington State DC Zip Code 20002-6213 Purpose of Disbursement Reimbursement: See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9362 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>249.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ►

518.73

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Rosemary Muller

Mailing Address 132 11th Street SE

City Washington State DC Zip Code 20003-3911

Purpose of Disbursement
Reimbursement: See Memo

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: B-E-9364

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

249.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53779

City Phoenix State AZ Zip Code 85072-3779

Purpose of Disbursement
Credit Card Discount Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: B-E-9381

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

4.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

253.50

TOTAL This Period (last page this line number only)

100778.61

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 / 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Premier Business CentersNature of Debt (Purpose):
Administrative/Salary/Ove-
rhead: RentMailing Address 4590 Macarthur Boulevard
Suite 500City State ZIP Code
Newport Beach CA 92660-2028

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9374

Amount Incurred This Period

175.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon WirelessNature of Debt (Purpose):
Cell Phone

Mailing Address PO Box 660108

City State ZIP Code
Dallas TX 75266-0108

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9375

Amount Incurred This Period

80.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Monaco Group, Inc.Nature of Debt (Purpose):
Campaign MailingMailing Address 14352 Franklin Avenue
Suite BCity State ZIP Code
Tustin CA 92780-7073

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9376

Amount Incurred This Period

16150.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

16150.58

1) **SUBTOTALS** This Period This Page (optional).....

16405.65

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 / 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Gilliard, Blanning & AssociatesNature of Debt (Purpose):
Design of Mailer: See MemoMailing Address 921 11th Street
Suite 400City State ZIP Code
Sacramento CA 95814-2882

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9373

Amount Incurred This Period

1350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T WirelessNature of Debt (Purpose):
Cell Phone

Mailing Address PO Box 78110

City State ZIP Code
Phoenix AZ 85062-8110

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9377

Amount Incurred This Period

179.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

179.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Gilliard, Blanning & AssociatesNature of Debt (Purpose):
Advertising: Television
ProductionMailing Address 921 11th Street
Suite 400City State ZIP Code
Sacramento CA 95814-2882

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9360

Amount Incurred This Period

2946.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2946.00

1) SUBTOTALS This Period This Page (optional).....

4475.84

2) TOTALS This Period (last page this line number only).....

20881.49

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

20881.49